SILVER SPRING HEALTH/REHAB 1300 WEST SILVER SPRING DRIVE

MILWAUKEE 53209 Phone: (414) 228-8120 Operated from 1/1 To 12/31 Days of Operation:

Operated from 1/1 To 12/31 Days of Operation: 366 Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 128
Total Licensed Bed Capacity (12/31/00): 137
Number of Residents on 12/31/00: 114

Ownership:CorporationHighest Level License:Skilled

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Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Average Daily Census: 112

Services Provided to Non-Residents		Age, Sex, and Primary Diagr	osis of	Residents (12/31	/00)	Length of Stay (12/31/00)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	 %	Less Than 1 Year	41. 2
Supp. Home Care-Personal Care	No					1 - 4 Years	38. 6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	23. 7	More Than 4 Years	20. 2
Day Services	No	Mental Illness (Org./Psy)	7. 0	65 - 74	21.9		
Respite Care	Yes	Mental Illness (Other)	2.6	75 - 84	30. 7		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	19. 3	************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.9	95 & 0ver	4. 4	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	9. 6			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	10. 5		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	25. 4	65 & 0ver	76. 3		
Transportation	Yes	Cerebrovascul ar	12. 3			RNs	5. 4
Referral Service	Yes	Di abetes	15.8	Sex	%	LPNs	36. 3
Other Services	No	Respi ratory	7. 0			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	8. 8	Male	43. 0	Aides & Orderlies	0. 9
Mentally Ill	No			Female	57. 0		
Provide Day Programming for			100. 0			İ	
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medi	care		Medio	ai d											
		(Titl	e 18)		(Title 19)		Other		P	Private Pay			Manag	ed Care	Percent		
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No). %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	4	4. 5	\$111. 78	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0. 00	4	3. 5%
Skilled Care	-		\$239. 48	76	86. 4	\$96. 31	-	100. 0	\$121.34	9		\$162.76	-		\$210.00	102	89. 5%
Skilled Care	11	100. 0	3239. 40	70	00. 4	390. 31	1	100. 0	\$121.34	9	100. 0	\$102.70	3	100. 0	3210. UU	102	69. 5%
Intermediate				7	8. 0	\$81.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	7	6. 1%
Limited Care				1	1. 1	\$70. 52	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	1	0. 9%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	11	100. 0		88	100. 0		1	100. 0		9	100.0		5	100. 0		114	100.0%

SILVER SPRING HEALTH/REHAB

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services,	, and Activities as of $12/3$	31/00
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	6.4	Daily Living (ADL)	Independent	0ne	or Two Staff	Dependent I	Resi dents
Private Home/With Home Health	0.0	Bathi ng	7. 9		66. 7	25. 4	114
Other Nursing Homes	3.4	Dressi ng	7. 9		66. 7	25. 4	114
Acute Care Hospitals	87. 6	Transferring	43. 9		29. 8	26. 3	114
Psych. HospMR/DD Facilities	0.4	Toilet Use	19. 3		68. 4	12. 3	114
Rehabilitation Hospitals	0.0	Eating	63. 2		21. 9	14. 9	114
Other Locations	2. 1	*********	********	*****	*********	**********	********
Total Number of Admissions	234	Continence		%	Special Treat	tments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	6. 1	Recei vi ng	Respi ratory Care	7. 9
Private Home/No Home Health	24. 1	Occ/Freq. Incontinen	t of Bladder	42. 1	U	Tracheostomy Care	1. 8
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	43. 9	Recei vi ng	Sucti oni ng	1.8
Other Nursing Homes	5. 6				Recei vi ng	Ostomy Care	3. 5
Acute Care Hospitals	55. 6	Mobility			Recei vi ng	Tube Feeding	9. 6
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	56 . 1	Recei vi ng	Mechanically Altered Diets	28. 1
Rehabilitation Hospitals	0. 0						
Other Locations	2.6	Skin Care			Other Residen	nt Characteristics	
Deaths	12. 1	With Pressure Sores		6. 1	Have Advan	ce Directives	100. 0
Total Number of Discharges		With Rashes		0. 0	Medi cati ons		
(Including Deaths)	232				Recei vi ng	Psychoactive Drugs	42. 1

		0wne	ershi p:	Bed	Si ze:	Li co	ensure:		
	Thi s	Proj	pri etary	100-	199	Ski l	lled	Al l	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci l	ities
	%	%	Rati o	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	81.8	74. 6	1. 10	83. 3	0. 98	81. 9	1.00	84. 5	0.97
Current Residents from In-County	96. 5	84. 4	1. 14	85. 0	1. 14	85. 6	1. 13	77. 5	1. 25
Admissions from In-County, Still Residing	18. 8	20. 4	0. 92	19. 2	0. 98	23. 4	0.80	21. 5	0.87
Admissions/Average Daily Census	208. 9	164. 5	1. 27	196. 7	1.06	138. 2	1. 51	124. 3	1.68
Discharges/Average Daily Census	207. 1	165. 9	1. 25	194. 3	1.07	139.8	1.48	126. 1	1.64
Discharges To Private Residence/Average Daily Census	50 . 0	62. 0	0.81	76. 2	0.66	48. 1	1.04	49. 9	1.00
Residents Receiving Skilled Care	93. 0	89. 8	1. 04	91. 2	1. 02	89. 7	1.04	83. 3	1. 12
Residents Aged 65 and Older	76. 3	87. 9	0. 87	93. 9	0. 81	92. 1	0.83	87. 7	0.87
Title 19 (Medicaid) Funded Residents	77. 2	71.9	1. 07	60. 4	1. 28	65. 5	1. 18	69. 0	1. 12
Private Pay Funded Residents	7. 9	15.0	0. 52	26. 5	0. 30	24. 5	0. 32	22.6	0. 35
Developmentally Disabled Residents	0. 0	1. 3	0. 00	0. 6	0.00	0.9	0.00	7. 6	0.00
Mentally Ill Residents	9. 6	31. 7	0. 30	26. 6	0. 36	31.5	0.31	33. 3	0. 29
General Medical Service Residents	8. 8	19. 7	0. 45	22. 9	0. 38	21.6	0.41	18. 4	0.48
Impaired ADL (Mean)	46. 3	50. 9	0. 91	48. 7	0. 95	50. 5	0. 92	49. 4	0.94
Psychological Problems	42. 1	52. 0	0. 81	50. 4	0.83	49. 2	0.86	50. 1	0.84
Nursing Care Required (Mean)	7. 3	7. 5	0.98	7. 3	1.01	7. 0	1.04	7. 2	1.03